

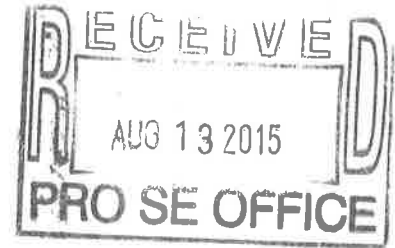
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKFrank DeLorenzo

15CV 6411

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

~~THE STATE OF NEW YORK~~
Rockland County, N.Y.
THE COUNTY OF ROCKLAND
The Town of Nyack
Kenneth Byrne
Park CompanyJury Trial: ☐ Yes ☒ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Frank DeLorenzo #46943

Street Address 53 NEW HEMPSTEAD RD

County, City NEW CITY, Rockland County

State & Zip Code NEW YORK, 10956

Telephone Number 845-290-7576

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Rockland County

Street Address NEW HEMPSTEAD RD.

County, City Rockland County New City
 State & Zip Code New York, 10956
 Telephone Number _____

Defendant No. 2

Name The town of Nyack
 Street Address _____
 County, City Rockland county, Nyack
 State & Zip Code Nyack, Ny
 Telephone Number _____

Defendant No. 3

Name Kenneth Byre
 Street Address _____
 County, City NY
 State & Zip Code Nyack Ny
 Telephone Number _____

Defendant No. 4

Name Parking Company
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? ~~Violations of Plaintiff's 1st, 4th, 5th, 14th, and 15th Amendments Rights of the U.S.C.~~

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? _____

Nyack, N.Y., Rockland County

B. What date and approximate time did the events giving rise to your claim(s) occur? ON

August 8th, 2:00 AM

C. Facts: ~~XXXX XXXXXX~~ I was stabbed 6 times

What happened to you?

by Kenneth Byrne who was working as a meter maid / parking attendant over parking disagreement. He was working for The Town of Nyack and was on duty.

Who did what?

Kenneth Byrne stabbed me 6 times.

Was anyone else involved?

Who else saw what happened?

Mike Fitzgerald, Nyack Police Officer
(witness) (witness)

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received

6 puncture wounds, Punctured lung, Stabbed in main artery Near Heart, loss 10 pints of blood, Nerve damage, loss 2 teeth when I hit the floor from loss of blood, Blood Transfusion, 9 scars from surgery, stayed in hospital for 8 days, Psychological and Emotional Damage,

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. The Relief Sought is ~~that~~

\$50 million dollars for punitive damages and pain and suffering

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 17 day of August, 2015

Signature of Plaintiff

Frank Xiburno

Mailing Address

53 NEW HEMPSTEAD RD.
NEW CITY, N.Y. 10956

Telephone Number

(212) 845-290-7576

Fax Number (if you have one)

(Mother's)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this 17 day of August, 2015 I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Frank Xiburno

Inmate Number

46943

c.c. PLAINTIFF

Frank DeLorenzo
53 New Hempstead rd.
New city, Ny 10956

Pro-se
JTB
8/13/15

United States District Court
Southern District of NY
500 Pearl Street
New York, NY 10007



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